



Multi Scheme SIP Facility Application Form

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Single investment cheque should be submitted, crossed "Account Payee only" and drawn favoring "Aditya Birla Sun Life Mutual Fund". For investment in single scheme, cheque should be drawn favoring scheme name.

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)
ARN-118251			E

EUIIN is mandatory for "Advisory" transactions. Ref. Instruction No. C-3

I/we hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker

First Applicant / Authorised Signatory	Second Applicant	Third Applicant
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Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction C-7)

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Existing Investor Folio No.	Application No.	Date
		D D M M Y Y Y Y

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s

2. INVESTMENT & PAYMENT DETAILS (Refer Instruction B & C) (*MANDATORY)

Scheme Name	1. ABSL	2. ABSL	3. ABSL
PLAN			
OPTION			
SIP Installment Amount			

Step Up (OPTIONAL - and available only for SIP Investments through NACH)

Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Goal			
Goal Target Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goal Amount			

Scheme Name	4. ABSL	5. ABSL	6. ABSL
PLAN			
OPTION			
SIP Installment Amount			

Step Up (OPTIONAL - and available only for SIP Investments through NACH)

Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Goal			
Goal Target Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goal Amount			

2. INVESTMENT & PAYMENT DETAILS (Refer Instruction B & C)

(*MANDATORY)

Scheme Name	7. ABSL	8. ABSL	9. ABSL
PLAN			
OPTION			
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)			
Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Goal			
Goal Target Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Goal Amount			
Scheme Name	10. ABSL	11. ABSL	12. ABSL
PLAN			
OPTION			
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)			
Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 30 years <input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Goal			
Goal Target Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Goal Amount			

3. PAYMENT DETAILS

First Installment	Cheque Date	Cheque No.	Amount
In case of Minor, payment should from the Minor account or from a joint account of Minor with the guardian only			
Drawn on Bank and Branch			
<input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration) (In case of minor, mandate should be registered in the name of minor or in the name of joint account of Minor with the guardian only)			
Bank Name	A/c No.		

4. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

"I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year. (refer Instruction no: B-15).

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

CHECKLIST

Particulars	Regular SIP	Micro SIP (Upto ₹ 50,000 Investment in a year)
First Purchase through cheque	Recommended	Recommended
Different amount for first cheque and subsequent installment	Allowed	Allowed
Minimum Amount Criteria (For list of eligible schemes please refer the SIP instructions.)	ABSL Frontline Equity Fund, ABSL Equity Fund, ABSL Equity Hybrid '95 Fund, ABSL Balanced Advantage Fund, ABSL Low Duration Fund, ABSL Corporate Bond Fund, ABSL Credit Risk Fund - ₹ 100/ each, ABSL Tax Relief '96 Fund, ABSL Regular Savings Fund, ABSL Financial Planning FOF - Aggressive Plan, ABSL Financial Planning FOF - Moderate Plan & ABSL Financial Planning FOF - Conservative Plan, ABSL Special Opportunities Fund, ABSL ESG Fund, ABSL Pharma & Healthcare Fund, ABSL PSU Equity Fund, ABSL Liquid Fund, ABSL Nifty Smallcap 50 Index Fund, ABSL Nifty Midcap 150 Index Fund, Aditya Birla Sun Life Multi-Cap Fund - ₹ 500/ each, Other eligible Schemes - ₹ 1000/ each.	ABSL Frontline Equity Fund, ABSL Equity Fund, ABSL Equity Hybrid '95 Fund, ABSL Balanced Advantage Fund, ABSL Low Duration Fund, ABSL Corporate Bond Fund, ABSL Credit Risk Fund - ₹ 100/ each, ABSL Tax Relief '96 Fund, ABSL Regular Savings Fund, ABSL Financial Planning FOF - Aggressive Plan, ABSL Financial Planning FOF - Moderate Plan & ABSL Financial Planning FOF - Conservative Plan, ABSL Special Opportunities Fund, ABSL ESG Fund, ABSL Pharma & Healthcare Fund, ABSL PSU Equity Fund, ABSL Liquid Fund, ABSL Nifty Smallcap 50 Index Fund, ABSL Nifty Midcap 150 Index Fund, Aditya Birla Sun Life Multi-Cap Fund - ₹ 500/ each, Other eligible Schemes - ₹ 1000/ each.
Application with Minor as first applicant	Allowed	Allowed

A. SCHEMES AVAILABLE UNDER SIP

Aditya Birla Sun Life Equity Advantage Fund / Aditya Birla Sun Life Dividend Yield Fund / Aditya Birla Sun Life MNC Fund / Aditya Birla Sun Life Midcap Fund / Aditya Birla Sun Life India GenNext Fund / Aditya Birla Sun Life Flexi Cap Fund / Aditya Birla Sun Life Digital India Fund / Aditya Birla Sun Life Frontline Equity Fund / Aditya Birla Sun Life Tax Relief '96 / Aditya Birla Sun Life Commodity Equities Fund - Global Agri Plan / Aditya Birla Sun Life Equity Hybrid '95 Fund / Aditya Birla Sun Life Focussed Equity Fund / Aditya Birla Sun Life Infrastructure Fund / Aditya Birla Sun Life Small Cap Fund / Aditya Birla Sun Life International Equity Fund / Aditya Birla Sun Life Index Fund / Aditya Birla Sun Life Pure Value Fund / Aditya Birla Sun Life Savings Fund / Aditya Birla Sun Life Short Term Fund / Aditya Birla Sun Life Dynamic Bond Fund / Aditya Birla Sun Life Floating Rate Fund - Long Term Plan / Aditya Birla Sun Life Government Securities Fund / Aditya Birla Sun Life Income Fund / Aditya Birla Sun Life Low Duration Fund / Aditya Birla Sun Life Banking & PSU Debt Fund / Aditya Birla Sun Life Corporate Bond Fund / Aditya Birla Sun Life Arbitrage Fund / Aditya Birla Sun Life Gold Fund / Aditya Birla Sun Life Banking and Financial Services Fund / Aditya Birla Sun Life Manufacturing Equity Fund / Aditya Birla Sun Life Equity Savings Fund / Aditya Birla Sun Life Credit Risk Fund / Aditya Birla Sun Life Regular Savings Fund / Aditya Birla Sun Life Medium Term Plan / Aditya Birla Sun Life Money Manager Fund / Aditya Birla Sun Life Financial Planning FOF - Aggressive Plan / Aditya Birla Sun Life Financial Planning FOF - Moderate Plan / Aditya Birla Sun Life Financial Planning FOF - Conservative Plan / Aditya Birla Sun Life Special Opportunities Fund / Aditya Birla Sun Life ESG Fund / Aditya Birla Sun Life Nifty Midcap 150 Index Fund / Aditya Birla Sun Life Nifty Smallcap 50 Index Fund

B. GENERAL INSTRUCTIONS FOR SIP

General Instructions

1. New investors who wish to enroll for SIP should fill this form in addition to the Common Application Form. Please quote the application number of the Common Application Form on this SIP Form. Details of the SIP should be provided on this form. Both Forms should be submitted together.
2. Existing investors need to fill up only this form and first purchase cheque with existing folio details. The AMC reserves the right to assign any of the existing Folio Number of the investor against multiple applications and / or subsequent purchases under this new application form lodged, with identical mode of holding and address and such other criterions and integrity checks as may be determined by the AMC from time to time.

Note: Investors can also start a SIP without any initial Investment. New investors need to submit this application form along with Common Application Form, whereas existing investors can start SIP without initial investment by submitting this form along with existing folio details.
3. The name of the bank provided for OTM/ NACH/ Auto Debit should participate in local MICR clearing.
4. The investor hereby agrees to abide by the terms and conditions of OTM/ NACH/ Auto Debit facility of Reserve Bank of India (RBI).

5. SIP form should be submitted 30 days before the first Debit through NACH/ Auto Debit. In case the auto debit start date as mentioned in the form does not satisfy this condition, the first date shall be rolled over to begin from the immediately following month.
6. Investor should provide 9 digit MICR code and complete bank address for SIP auto debit transactions. MICR starting with 000 and end with 000 will not be acceptable.

Default Details

7. **Default Dates:**
Monthly SIP: In case of any ambiguity in selection of investment dates, the SIP date will be 7 of each month.
Weekly SIP: In case of any ambiguity in selection of investment day, the SIP day will be as "Wednesday".
8. **Default Frequency:**
If investor fails to mention frequency the same shall be considered as 'Monthly' as default option.
9. For Regular SIP - "Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 30 years.

(Contd on Page 4)

DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

	Date DDMMYY
(ticks)	UMRN
<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	Sponsor Bank Code Office use only Utility Code Office use only
I/We hereby authorize:	ADITYA BIRLA SUN LIFE MUTUAL FUND to debit (tick) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
Bank A/c No.:	
With Bank:	 Bank Name & Branch IFSC OR MICR
an amount of Rupees	₹
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1 PAN No. Mobile 	
Reference 2 Folio No/ Appln No. Email: 	
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.	
PERIOD From to 	1. Sign 2. Sign 3. Sign
Name as in bank records (mandatory)	Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor)

MULTI SCHEME SIP FACILITY APPLICATION FORM

Application No. 	Collection Centre / ABSLAMC Stamp & Signature <div style="border: 1px solid black; height: 40px;"></div>
Received from Mr. / Ms. _____ Date : ____/____/_____	

